



OPERATING SERVICES
921 SAW MILL RUN BOULEVARD
PITTSBURGH, PA 15220

TELEPHONE 412-381-3622
FACSIMILE 412-381-6271

June 21, 2001

Ms. Grisell V. Diaz-Cotto
Emergency and Remedial Response Division
United States Environmental Protection Agency
Region III
290 Broadway, 19th Floor
New York, NY 10007-1866

Re: May 2001 Discharge Monitoring Report
Leachate Treatment Plant, Operable Unit 1
Kin-Buc Landfill Superfund Site

Dear Ms. Diaz-Cotto:

Enclosed is a revised May 2001 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit 1, Kin-Buc Landfill Superfund Site. Please disregard the DMR previously sent to your office as we discovered that data had been omitted from the report.

We apologize for any inconvenience that this oversight may have caused you and assure you precautions have been taken to avoid future situations.

We will provide copies of the DMR to Ian Curtis and Susan Dietrick at the NJDEP.

Should you have any questions concerning the DMR or other site items, please contact me at (412) 390.5001 or Glenn Grieb at the Kin-Buc site.

Very truly yours,
USFilter Operating Services
On behalf of SCA Services, Inc.,

Dennis J. Duryea, P.E.
Area Manager

Enclosure

cc: Ian Curtis - NJDEP
Susan Dietrick - NJDEP
Stephen Joyce - SCA
Carl Januszkiewicz - Waste Management
Glenn Grieb - USFOS, Kin-Buc
File

307621



a **VIVENDI**
water company

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.

*						
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*NJ Permit Equivalent

REPORTING PERIOD

M	o.	Y	r.	M	o.	Y	r.
0	5	0	1	0	5	0	1

<u>PERMITTEE:</u>	Name:	SCA Services, Inc.
	Address:	383 Meadow Road Edison, New Jersey 08817
<u>FACILITY:</u>	Name:	Kin-Buc Landfill
	Address:	383 Meadow Road Edison, New Jersey 08817
	Telephone:	732-572-4743

FORMS ATTACHED (Indicate Quantity of Each)

Operating Exceptions

SLUDGE REPORT-SANITARY
☐ T-VWX-007 ☐ T-VWX-008 ☐ T-VWX-009
☐ EPA Form 3320-1

DYE TESTING YES NO
___ X

SLUDGE REPORT-INDUSTRIAL
☐ T-VWX-010A ☐ T-VWX-010B

TEMPORARY BYPASSING ___ X

DISINFECTION INTERRUPTION ___ X

WASTEWATER REPORTS
☐ T-VWX-011 ☐ T-VWX-012 ☐ T-VWX-013

MONITORING MALFUNCTIONS ___ X

GROUNDWATER REPORTS
☐ T-VWX-015(A,B) ☐ T-VWX-016 ☐ T-VWX-017
☐ ELECTRONIC SUBMISSION

UNITS OF OPERATION ___ X

OTHER ___ X

NJPDES DISCHARGE MONITORING
☐ EPA Form 3320-1

(Detail any "Yes" on reverse side in appropriate space.)

NOTE: The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

PRINCIPAL EXECUTIVE OFFICER OR
DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Dennis J. Duryea
 Grade & Registry No. N.J. 0014528
 Signature Dennis J. Duryea

Name (Printed) Dennis J. Duryea
 Title (Printed) Plant Operations Manager
 Signature Dennis J. Duryea

Date June 21, 2001

1. What is the main purpose of the document?
 2. What are the key findings of the study?
 3. What are the limitations of the study?
 4. What are the implications of the study?
 5. What are the conclusions of the study?
 6. What are the recommendations of the study?
 7. What are the future research directions?
 8. What are the acknowledgments?
 9. What are the references?
 10. What are the appendices?

MONTH	0	5	YEAR	0	1
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Others

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
12	13	8	8	9	7	14	14	13	10	8	8	0	13	13	10
8	17	16	16	8	4	12	9	10	14	8	8	0	10	12	10
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
6	7	9	8	12	12	0	0	9	0	0	0	0	0	4	
16	16	9	4	9	12	12	18	24	16	4	16	21	21	16	


PERMITTEE NAME/ADDRESS

NAME SCA SERVICES, INC.
ADDRESS 383 MEADOW ROAD
EDISON, NEW JERSEY 08817

FACILITY KIN-BUC LANDFILL
LOCATION EDISON, NEW JERSEY
ATTN: CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	05	01		01	05	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.017894	0.031435	MGD	*****	*****	*****	***		continuous	flow meter
	PERMIT REQUIREMENT	REPORT	ONLY		*****	*****	*****			continuous	flow meter
pH	SAMPLE MEASUREMENT			***	6.65		7.52	S.U.	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0			weekly	grab
PETROLEUM HYDROCARBONS	SAMPLE MEASUREMENT			***	*****	<0.50	<0.50	mg/l	0	2/month	grab
	PERMIT REQUIREMENT	*****	*****		*****	10	15			2/month	grab
COD	SAMPLE MEASUREMENT	15.3	28.4	kg/day	*****	235	379	mg/l		2/month	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT	ONLY			2/month	comp.
BOD - 5	SAMPLE MEASUREMENT			***		<2.00	<2.00	mg/l	1	2/month	calc.
	PERMIT REQUIREMENT	*****	*****		*****	56	220			2/month	calc.
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	<0.0758	<0.1178	kg/day	*****	<1.00	<1.00	mg/l	0	1/week	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	30	45(1)			weekly	comp.
DISSOLVED OXYGEN	SAMPLE MEASUREMENT			***	7.8		10.4	mg/l	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		4.0 instantaneous	*****	*****			weekly	grab
NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Dennis J. Duryea, P.E. Area Manager		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					732 572-4743		01-05-21		
TYPED OR PRINTED							AREA CODE		NUMBER		YEAR MO DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)											

PERMITTEE NAME/ADDRESS

NAME: SCA SERVICES, INC.
ADDRESS: 383 MEADOW ROAD
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FACILITY

LOCATION: KIN-BUC LANDFILL
EDISON, NEW JERSEY
ATTN: CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	05	01		01	05	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
BENZENE	SAMPLE MEASUREMENT	<0.00014	<0.00022	kg/day	*****	<2.4	<2.5	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.009	0.02		*****	57	134			2/month	grab		
CHLOROBENZENE	SAMPLE MEASUREMENT	<0.00016	<0.00022	kg/day	*****	<2.7	<2.8	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab		
1,1 DICHLOROETHENE	SAMPLE MEASUREMENT	<0.00016	<0.00022	kg/day	*****	<2.7	<2.8	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.003	0.009		*****	22	59			2/month	grab		
ETHYLBENZENE	SAMPLE MEASUREMENT	<0.00016	<0.00022	kg/day	*****	<2.7	<2.8	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab		
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	<0.00017	<0.00023	kg/day	*****	<2.9	<3.1	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.008	0.025		*****	52	164			2/month	grab		
TOLUENE	SAMPLE MEASUREMENT	<0.00021	<0.00033	kg/day	*****	<3.8	<4.4	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.004			*****	28	74			2/month	grab		
1,2-TRANSDICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.00015	<0.00022	kg/day	*****	<2.5	<2.5	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.004	0.009		*****	25	60			2/month	grab		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1315. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		732 AREA CODE		572-4743 NUMBER		DATE	
Dennis J. Duryea, P.E. Area Manager						<i>Dennis J. Duryea</i>						01/06/21	
TYPED OR PRINTED													
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)											

PERMITTEE NAME/ADDRESS

NAME

ADDRESS

FACILITY

LOCATION

ATTN:

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.00015	<0.00022	kg/day	*****	<2.4	<2.5	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.010		*****	26	89			2/month	grab
VINYL CHLORIDE	SAMPLE MEASUREMENT	<0.00032	<0.00050	kg/day	*****	<4.3	<4.3	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.008	0.016		*****	52.8	106			weekly	grab
ACENAPHTHYLENE	SAMPLE MEASUREMENT	<0.000055	<0.000082	kg/day	*****	<0.91	<0.94	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)ANTHRACENE	SAMPLE MEASUREMENT	<0.000052	<0.000077	kg/day	*****	<0.86	<0.89	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)PYRENE	SAMPLE MEASUREMENT	<0.000028	<0.000041	kg/day	*****	<0.47	<0.48	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(ghi)PERYLENE	SAMPLE MEASUREMENT	<0.000032	<0.000047	kg/day	*****	<0.53	<0.54	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(k)FLUORANTHENE	SAMPLE MEASUREMENT	<0.000054	<0.000080	kg/day	*****	<0.89	<0.92	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
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Dennis J. Duryea, P.E. Area Manager						732 572-4743		01/06/21			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
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01	05	01		01	05	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IDENO(1,2,3cd) PYRENE	SAMPLE MEASUREMENT	<0.000035	<0.000051	kg/day	*****	<0.58	<0.59	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
PHENANTHRENE	SAMPLE MEASUREMENT	<0.000042	<0.000066	kg/day	*****	<0.56	<0.58	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	5.4(2)			weekly	grab
ALDRIN	SAMPLE MEASUREMENT	<0.000030	<0.000043	kg/day	*****	<0.049	<0.050	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.000133	0.00026		*****	0.0875	0.176			monthly	grab
4,4-DDT	SAMPLE MEASUREMENT	<0.000075	<0.00011	kg/day	*****	<0.1	<0.1	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.0000578	0.000146		*****	0.38	0.765			weekly	grab
PCB-1242	SAMPLE MEASUREMENT	<0.000022	<0.000035	kg/day	*****	<0.3	<0.3	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1248	SAMPLE MEASUREMENT	<0.000022	<0.000035	kg/day	*****	<0.3	<0.3	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1254	SAMPLE MEASUREMENT	<0.000022	<0.000035	kg/day	*****	<0.3	<0.3	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
TYPED OR PRINTED						Dennis J. Duryea		732 572-4743		01 06 21	
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)				AREA CODE NUMBER		YEAR MO DAY			

PERMITTEE NAME/ADDRESS

NAME

ADDRESS

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

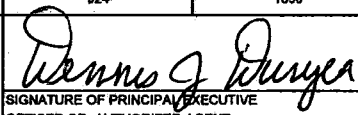
FACILITY
LOCATION

ATTN:

KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PCB-1260	SAMPLE MEASUREMENT	<0.000022	<0.000035	kg/day	*****	<0.3	<0.3	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
ARSENIC	SAMPLE MEASUREMENT	<0.00075	<0.00117	kg/day	*****	<10	<10	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.013	0.028		*****	85.8	172			weekly	comp
CADMIUM	SAMPLE MEASUREMENT	<0.00037	<0.00056	kg/day	*****	<5.0	<5.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.0073	0.017		*****	48.2	112			weekly	comp
CHROMIUM	SAMPLE MEASUREMENT	<0.00075	<0.00117	kg/day	*****	<10	<10	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.030	0.080		*****	168	398			weekly	comp
COPPER	SAMPLE MEASUREMENT	0.00021	0.00035	kg/day	*****	3.1	4.7	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
LEAD	SAMPLE MEASUREMENT	<0.00037	<0.00058	kg/day	*****	<5	<5	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
NICKEL	SAMPLE MEASUREMENT	<0.0030	<0.0047	kg/day	*****	<40	<40	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.140	0.281		*****	924	1850			weekly	comp
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE		
Dennis J. Duryea, P.E. Area Manager		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					732 572-4743		01 06 21		
TYPED OR PRINTED							AREA CODE		NUMBER		YEAR

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC	SAMPLE MEASUREMENT	0.0027	0.0038	kg/day	*****	34.0	49.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.177	0.356		*****	1170	2350			weekly	comp
CYANIDE	SAMPLE MEASUREMENT	<0.00075	<0.00117	kg/day	*****	<10	<10	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.002	0.004		*****	13.2	26.4			weekly	comp
ALUMINUM	SAMPLE MEASUREMENT	<0.0076	<0.0118	kg/day	*****	<100	<100	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	1.40	2.81		*****	9240	18500			weekly	comp
IRON	SAMPLE MEASUREMENT	<0.0076	<0.0118	kg/day	*****	<100	<100	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	60.6	162		*****	532000	1070000			weekly	comp
ACUTE TOXICITY, (LC50)	SAMPLE MEASUREMENT			---	<100	*****	*****	%			
	PERMIT REQUIREMENT	*****	*****		50(3)	*****	*****			see permit	equivalent
Ammonia (as N)	SAMPLE MEASUREMENT			---	*****	1.62	2.97	mg/l		2/Month	comp
	PERMIT REQUIREMENT				*****	4.9	10			2/month	comp
	SAMPLE MEASUREMENT			---	*****	*****	*****			*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****
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Dennis J. Duryea, P.E. Area Manager							732 572-4743		01/06/21		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)